



(Assistant Examiner) (Date)

C. B. _____ 4/18/23
(Legal Instruments Examiner) (Date)

(Primary Examiner) *[Signature]* 4/4/05
(Date)

Total Claims Allowed: 21	
O.G. Print Claim(s)	O.G. Print Fig.
1	4

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47						
Final	Original		Final	Original		Final	Original		Final	Original						
1	1			31			61			121			151			181
2	2			32			62			122			152			182
	3			33			63			123			153			183
3	4			34			64			124			154			184
4	5			35			65			125			155			185
5	6			36			66			126			156			186
6	7			37			67			127			157			187
7	8			38			68			128			158			188
8	9			39			69			129			159			189
9	10			40			70			130			160			190
	11			41			71			131			161			191
10	12			42			72			132			162			192
11	13			43			73			133			163			193
12	14			44			74			134			164			194
13	15			45			75			135			165			195
14	16			46			76			136			166			196
15	17			47			77			137			167			197
16	18			48			78			138			168			198
17	19			49			79			139			169			199
	20			50			80			140			170			200
18	21			51			81			141			171			201
19	22			52			82			142			172			202
20	23			53			83			143			173			203
21	24			54			84			144			174			204
	25			55			85			145			175			205
	26			56			86			146			176			206
	27			57			87			147			177			207
	28			58			88			148			178			208
	29			59			89			149			179			209
	30			60			90			150			180			210